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P1768
Nursing assistance increases the efficiency of ultrasound-guided fine-needle aspiration biopsy (US-FNAB) in the management of thyroid nodules: the MoCy Thy (Modena's Cytology of the Thyroid) DATABASE
University of Modena & Reggio Emilia, Azienda AUsl of Modena-NOCSAE of Baggovara, Modena, Italy.

Introduction
US-FNAB is the most cost-effective and accurate diagnostic procedure for the evaluation of thyroid nodules. In the clinic, the nursing assistance is not always available for the US-FNAB procedure in all endocrinology centers and its value remains to be established.

Aim of the Study
To demonstrate the role of nursing assistance in US-FNAB procedures in improving the efficiency of this procedure.

Methods
All clinical data of the patients were collected and analyzed using the MoCy Thy DATABASE, which is the part of the institutional database ENDORBASE (based on the MySQL open source technology) devoted to store data of all institutional US-FNABs. Of the 7377 US-FNAB performed at the Unit of Endocrinology of Modena from 2006 to 2009, we compared 4831 US-FNAB performed with nursing assistance with 2546 US-FNAB performed by the same medical team, but without nursing assistance.

Results
The number of US-FNAB performed for every work session (7.57 ± 3.94 vs 6.59 ± 3.03), the number of slides assessed for every work session (77.55 ± 42.92 vs 41.61 ± 31.81), the number of slides prepared for each FNA (10.23 ± 3.2 vs 6.31 ± 2.89) were all significantly higher in the sessions with nursing assistance than in those without nursing assistance (P<0.001 at Mann-Whitney Rank Sum Test).

Conclusions
The support of nursing assistance has a relevant impact on the efficiency of the US-FNAB procedure in terms of the number of US-FNAB performed in each session and of number of slides prepared for each session and for each US-FNAB. In clinical practice, nursing assistance may improve the outcome of US-FNAB procedures and is cost-effective.

Declaration of interest
The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of the research project.

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P1770
Frequency and predictive factors of malignancy in residual thyroid tissue after partial thyroidectomy for differentiated thyroid cancer
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Background
The main objective of this study is to establish the rate of malignancy in residual thyroid tissue in patients with DTC, and whether the serum thyroglobulin (Tg) level before complementary thyroidectomy and histopathologic characteristics of the tumor would be able to foresee malignancy in residual tissue.

Methods
Our study included 58 patients with DTC that underwent complementary thyroidectomy that results were analyzed retrospectively. Patients were then divided into two groups as patients that were established to have tumor in residual tissue (group 1) and not to have tumor in residual tissue (group 2) based on the pathology findings of residual tissue following complementary thyroidectomy. Both groups were compared in terms of serum Tg levels before complementary thyroidectomy and histopathologic characteristics of tumor.

Results
Fifty three patients were found to have papillary thyroid cancer and five had follicular thyroid cancer. Median tumor diameter was 0.8 cm (0.1–5.5 cm), 16 patients (27.6%) was found to have multifocality, 4 patients (6.9%) had perithyroidal invasion, 16 patients (27.6%) had capsular invasion, and 7 patients (12.1%) was established to have vascular invasion. Following the complementary thyroidectomy, 13 patients (22.4%) of 58 patients with DTC were found to have malignancy in residual tissue. A statistically significant difference was not observed between the two groups in terms of gender, age, serum Tg level before complementary thyroidectomy, type of tumor pathology, tumor size, bilaterality multifocality, arterial invasion, capsular invasion, and extrathyroidal invasion presence (P>0.05).

Conclusions
Factors that enable foreseeing malignancy in residual thyroid tissue are not completely known. In our study, we established that serum Tg level before complementary thyroidectomy and histopathologic characteristics of tumor does

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